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PATENT
450100-03758

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

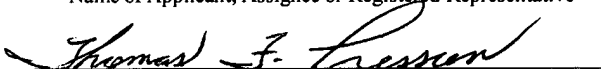
Applicant : Hitomi Horikomi
Serial No. : 10/075,557 ✓
For : DATA ENCODING APPARATUS AND
METHOD OF SAME AND CAMERA SYSTEM
Filed : February 13, 2002
Examiner : Dang, Duy M.
Art Unit : 2621
Confirmation No. : 8413

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents**, P.O. Box 1450, Alexandria, VA 22313-1450, on April 19, 2005

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative



Signature

April 19, 2005

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on January 25, 2005, having a three-month statutory period for response set to expire on April 25, 2005, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 12 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450
Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	14	Minus	20	0	\$50 (25)	0
Independent claims	3	Minus	3	0	\$200 (100)	0
Total additional fee for this amendment						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A ☐ credit card payment form ☐ check covering the cost of the petition is enclosed.
- ☐ A credit card payment form (PTO-2038) in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature
April 19, 2005
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442